

Send Application and Fee to:

**Public Health – Seattle & King County
Environmental Health Division
Eastgate District Health Office –14350 SE Eastgate Way, Bellevue WA 98007
Phone Number: (206) 296-4932**

APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPETENCY

MASTER INSTALLER OF ON-SITE SEWAGE SYSTEMS (OSS)

1. Name of Applicant _____
2. Business Address of Applicant _____
(City) (Zip)
Business Telephone () Fax #. if applicable ()
e-mail address if applicable _____
3. Place of business known as _____
4. Residence Address _____
(City) (Zip)
Residence Telephone () _____
5. Washington State Contractor Registration Number _____
6. Continuing Education Training during the year 2000

Continuing Education Training (Title 13.20.030, C, 3, B)		
List courses/training attended in 2000 (If necessary, attach additional pages to document additional courses of instruction/training)		
Date	Course/Training	Location

7. ATTACH A COPY OF THE / YOUR CURRENT WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES GENERAL OR SPECIALTY CONTRACTOR'S REGISTRATION
8. Attach your \$150.00 renewal fee for certification. (LATE FEES APPLY AFTER JANUARY 15, 2001)

PLEASE NOTE:

IT IS YOUR RESPONSIBILITY AS A CERTIFIED COMMERCIAL INSTALLER OF OSS, TO LET THIS DEPARTMENT KNOW ANY ADDRESS CHANGES. ALL NOTICES OF INFORMATIONAL/ EDUCATIONAL MEETINGS, ETC. WILL BE SENT TO THE BUSINESS ADDRESS LISTED ON THIS FORM UNLESS OTHERWISE SPECIFIED IN WRITING BY YOU.

(Applicant's Signature)

(Date)

For Health Department Use Only:

Date Fee Paid _____ ☐ Approved ☐ Disapproved

By _____ Date _____
Wastewater Program Supervisor

Comments: _____